County: Clark CLARK COUNTY HEALTH CARE CENTER - FDD W4266 STATE HIGHWAY 29 OWEN 54460 Phone: (715) 229-2172
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 36
Number of Residents on 12/31/00: 29 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County **FDDs** No No Average Daily Census: 31 *****************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	13. 8 6. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	69. 0	More Than 4 Years	79. 3
Day Servi ces Respi te Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	0. 0 0. 0	65 - 74 75 - 84	10. 3 13. 8		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	6. 9	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	0.0	Full-Time Equivaler	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	esi dents
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	31. 0	(12/31/00)	
Transportation	No	Cerebrovascul ar	0.0			RNs	6. 9
Referral Service Other Services	No No	Di abetes	0. 0 0. 0	Sex	%	LPNs	6. 2
Provi de Day Programmi ng for	NO	Respiratory Other Medical Conditions	0. 0	Male	44. 8	Nursing Assistants Aides & Orderlies	63. 4
Mentally Ill	No			Femal e	55. 2		
Provi de Day Programming for	Vac		100. 0		100.0		
Developmentally Disabled	Yes	*********	****	*****	100.0	 *************	*****

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)				0ther		Pri	Private Pay]	Managed Care			Percent	
			Per Dien	1		Per Dier	m		Per Dier	n]	Per Dien	1	Ü	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				28 10	0.0	\$146. 72	0	0.0	\$0.00	0	0.0	\$0.00	1	100. 0	\$107.82	29	100.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	nt O	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	0	0.0		28 10	0.0		0	0.0		0	0.0		1	100. 0		29	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Activities of Assi stance of % Totally Percent Admissions from: Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 16. 7 Baťhi ng 3.4 37.9 **58.** 6 29 Other Nursing Homes 5. 6 Dressi ng 3.4 48.3 48.3 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 31.0 29 44.4 13.8 55. 2 29 5. 6 Toilet Use 10.3 27. 6 62. 1 29 0.0 13.8 37. 9 48. 3 Other Locations 27.8 Total Number of Admissions Continence Special Treatments 18 Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 0.0 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 86. 2 0.0 Private Home/With Home Health 33. 3 Occ/Freq. Incontinent of Bowel 86. 2 0.0 Other Nursing Homes 4.8 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility 3.4 Physically Restrained 9. 5 6.9 51.7 0.0 Other Locations 38. 1 Skin Care Other Resident Characteristics 0.0 Deaths 14. 3 With Pressure Sores Have Advance Directives 31.0 Total Number of Discharges With Rashes Medi cati ons 3.4 Receiving Psychoactive Drugs (Including Deaths) 41. 4

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s		DD		11		
	Facility	Faci	ilities	Faci	lties		
	%	%	Rati o	%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	86. 1	85. 5	1. 01	84. 5	1. 02		
Current Residents from In-County	37. 9	42. 1	0. 90	77. 5	0. 49		
Admissions from In-County, Still Residing	11. 1	19. 5	0. 57	21. 5	0. 52		
Admi ssi ons/Average Daily Census	58. 1	16. 4	3. 54	124. 3	0. 47		
Di scharges/Average Daily Census	67. 7	19. 2	3. 52	126. 1	0. 54		
Discharges To Private Residence/Average Daily Census	22. 6	9. 2	2. 46	49. 9	0. 45		
Residents Receiving Skilled Care	0. 0	0. 0	0. 00	83. 3	0. 43		
Residents Aged 65 and Older	31. 0	16. 2	1. 91	87. 7	0. 35		
Title 19 (Medicaid) Funded Residents	96. 6	99. 5	0. 97	69. 0	1. 40		
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 6	0. 00		
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09		
Mentally Ill Résidents	0. 0	0. 5	0. 00	33. 3	0. 00		
General Medical Service Residents	0. 0	0. 2	0. 00	18. 4	0.00		
Impaired ADL (Mean)*	66. 9	50. 8	1. 32	49. 4	1. 35		
Psychological Problems	41. 4	45. 9	0. 90	50. 1	0. 83		
Nuvering Cone Dequired (Mean)*	7. 3			7. 2	1. 02		
Nursing Care Required (Mean)*	7. 3	11. 0	0. 67	1.2	1. 02		